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## BIB DATA SHEET

CONFIRMATION NO. 4148

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT          | ATTORNEY DOCKET<br>NO.  |                            |
|---|---|--|-------------------------|---|----------------------------|
| 10/584,445  | 06/22/2006<br>RULE  | 514  | 1614                    | 3493-0170PUS1   |                            |
| <b>APPLICANTS</b><br>Elie Leverd, Castres, FRANCE;<br>Joel Bougaret, Francarville, FRANCE;<br>Marie-Dominique Ibarra, Souilhanel, FRANCE;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR04/03287 12/17/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 0315312 12/23/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/26/2007 |   |  |                         |   |                            |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /TIMOTHY P<br>THOMAS/<br>Acknowledged <u>Examiner's signature</u>  |   | <input type="checkbox"/> Met after<br>Allowance<br>STATE OR<br>COUNTRY<br>FRANCE | SHEETS<br>DRAWINGS<br>1 | TOTAL<br>CLAIMS<br>15   | INDEPENDENT<br>CLAIMS<br>1 |
| <b>ADDRESS</b><br>BIRCH STEWART KOLASCH & BIRCH<br>PO BOX 747<br>FALLS CHURCH, VA 22040-0747<br>UNITED STATES   |   |  |                         |   |                            |
| <b>TITLE</b><br>Pharmaceutical composition of vinflunine which is intended for parenteral administration preparation method thereof and use of same   |   |  |                         |   |                            |
| <b>FILING FEE RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                         | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                            |